SRF Disbursement Request Form													
Participant Info	rmation						11111						
Name: Cit	Name: City of West Lafayette SRF Loan Numb						er:	er: WW 12792206					
DUNS Number:	04 455 26	24 455 2636 CCR Number: 6NKJ2 Request				48							
Mailing	609 West	Navajo Stre	et										·
City: West La	afayette			State:	IN				ZIP	47	906		
Contact Person: Judith C. Rhodes, Clerk-Treasurer				Cont	act Phone	Number:	(765) 7	75-5150	····				
Authorized Representative: Mayor John R. Dennis, or C-Tr. J. Rhodes Authorized Representative Phone Number: (765) 775-5100													
If requesting reimbursement to the Participant by wire transfer please provide the following information:													
Bank Name:	Bank Name: Bank Routing Number:												
Account Name: Account Number:													
Loan Informatio													
	Description of work for which claim is being made (services, fees, type of work, etc.): Northside Regional Lift Station and Force Main												
Is any part of this	claim funded l	by an alterna	ate funding	source?								YES	⊠ NO
If yes, please ider	ntify the source	and amoun	nt of the cla	im funded	by the al	ternate sou	rce (OCRA,	SAP, Local Fu	unds):			\$	
Is any part of this	claim funded l	by the Indiai	na Brownfie	elds Progra	m?							YES	⊠ NO
Has the Participa	nt paid the req	uest and is r	now seeking	g reimburs	ement?							YES	⊠ NO
Is any part of this claim a result of a change order? If yes, please attach the SRF change order approval letter.						YES	⊠ NO						
Are there Green Project Reserve components involved in this request?						YES	⊠ NO						
If yes, please desc	cribe:										I		1
Loan Financial I	Information												
Original Loan Am	ount:										\$	4,200,000.00	
Total Amount of Previous Disbursements:									\$	\$ 3,967,895.00			
Balance Available After this Disbursement:									\$	\$ 231,162.00			
Amount to Con	tractor for th	is Request	•								\$	943.00	
Is any part of this	request a part	ial or final re	elease of re	tainage to	the conti	ractor?						☐ YES	⊠ NO
Contractor Name	: Greel	ley and Hans	sen			DU	NS Numbe	r: 04 56	59 9949				
Mailing address:	Lockt	oox 619775,	PO Box 619	9 7									
City: Chicago)			State:	IL				ZIP	Code:	60680-6	197	
Wiring Informatio	on:								Υ				
Bank Name:	Bank Routing Number:												
Account Name: Account Number:													
Retainage Amount for this Request: \$							I						
Participant requests that the retainage amount be held by SRF:													
Participant requests that the retainage amount be sent to the Participant via check to the mailing address listed above:													
Participant reque	sts that the ret	tainage amo	unt be sent	to the foll	owing ba								
Bank Name:													
Account Name: Account Number:													
Total Amount of this Request: \$ 943.00 The undersigned hereby certifies this request for disbursement is, to the best of my knowledge and belief, true and accurate and made in accordance with the conditions													
The undersigned here of the project agrees Department of Labo	ment, that the	certified pay	rolls receive	nent is, to t ed in conne	the best o ection with	h any enclos	ed construc	tion invoices	accurate a are in com	nd made in a pliance with	the Dav	is Bacon Act	/ US
Authorized Representative										Date:	AU	3052	014
	0.1												
For Internal Use (only:						Date:			GPR	\$		
Approved By:							Date.			UI IN			

100 S. Wacker Drive, Suite 1400 Chicago, Illinois 60606 p 312 558 9000 f 312 558 1006 www.greeley-hansen.com

WWTU JUL 2 4 2014

July 17, 2014

Mr. David Henderson Utility Director City of West Lafayette Wastewater Treatment Utility 500 South River Road West Lafayette, IN 47906

Subject:

North Side Regional Lift Station and Force Main

Invoice No. 408120

Dear David:

The enclosed invoice is for services related to the North Side Regional Lift Station and Force Main project in accordance with the agreement dated September 28, 2009. Invoice No. 408120 covers services provided from May 31, 2014 through June 27, 2014 including:

- Response to the following Request for Information:
 - o 031 Ground Mounted Lighting Conduit
 - o 032 Cornice System
- Invoice from Fink, Roberts and Petrie for \$1,865.00

Please call me if you have any questions.

Thank you.

Sincerely,

Greeley and Hansen

Joseph M. Teusch

Jmt/img

INVOICE

For customer service, call 312 578 2375.



P.O. Box 6197 Chicago, Illinois 60680-6197 p 312 558 9000 www.greeley-hansen.com

Billing Number.

Invoice Number:

INV-0000408120

Description: Bill To:

NORTH SIDE REGIONAL LIFT STATION AND FORCE MAINS

CITY OF WEST LAFAYETTE ATTN: MR. DAVID HENDERSON UTILITY DIRECTOR 500 SOUTH RIVER ROAD

WEST LAFAYETTE, IN 47906

Customer Number.

0791

Project Number: Project Name:

0791C.01

NORTH SIDE REGIONAL LS&FM

08/10/14

Terms: Due Date:

DL w/multiplier 3.2 Total Labor

Architectural Servs Sub-Consultants

Travel Printing Total ODC's

Mark-up on ODC's Mark-up Subtotal

Invoice Total

Current Incurred Hours:

Invoice Date:

07/11/14

Remit To: GREELEY AND HANSEN LBX 619776 P.O. Box 6197 CHICAGO, IL 60680-6197

Contract Value

\$869,600.00 \$0.00

Cost: Fee: Total:

\$869,600.00

Cumulative Amount Billed:

\$865,393.34

Billing Period From:05/31/14 To:06/27/14

Current	
Amount	
\$943.36	
\$943.36	
\$0.00	
0.00	
0.00	
0.00	
\$0.00	
\$0.00	
\$0.00	
\$943.36	

Cumulative Amount \$669,325.97 \$669,325.97 \$83,792.89 105,717.54 826.47 507.44 \$190,844.34 \$5,223.03 \$5,223.03

\$865,393.34

5.50



DL w/multiplier 3.2

Total Labor



\$294.80

\$294.80

For customer service, call 312 578 2375.

P.O. Box 6197 Chicago, Illinois 60680-6197 p 312 558 9000 www.greeley-hansen.com

Billing Number: Invoice Number:	45 INV-0000408120	Project Number: Project Name:	0791C.01 NORTH SIDE REGIONA	L LS&FM	Invoice Date:	07/11/14
		Non-T&	M Labor Supporting So	chedule		
Group Description:	Total Labor					
Labor Cat Desc 35 ELECTRICAL DES SUPERVISOR 35	Empl/Vendor ZANKO, RON W	T/S Curr Date Hou		Current Amount \$294.80		
35			5.50	\$294.80 \$294.80		

5.50

5.50

0791C.01 408120

DATE	ZANKO Grand	d Total
5/27/2014	5.50	5.50
Grand Total	5.50	5.50